| _   |  |  |  | <u> </u>       |              |                 |                   |          | سئير                         |  |                |                     |  |  |
|---|--|--|--|----------------|--------------|-----------------|-------------------|----------|------------------------------|--|----------------|---------------------|--|--|
| Γ   |  |  |  |                |              |                 |                   |          | Application or Docket Number |  |                |                     |  |  |
| PATENT APPLICATION FEE DETERMINATION RECORD |  |  |  |                |              |                 |                   |          |                              |  |                |                     |  |  |
| Effective October 1, 2001                   |  |  |  |                |              |                 |                   |          |                              |  |                |                     |  |  |
| -   |  |  | CLAIMS AS                                  |                | SMALL ENTITY |                 |                   |          | OTHER                        | THAN   |                |                     |  |  |
| I   | _  |  |  | (Column        |              | (Column 2)      |                   |          | TYPE -                       |  |                | SMALL ENTITY        |  |  |
| I   | TOTAL CLAIMS   |  |  | 30             |              |                 |                   | RA       | ſΕ                           | FEE  | [              | RATE                | FEE  |  |
| 1   | FO   | 3  |  | NUMBER FILED   |              | NUMBER EXTRA    |                   | BASIC    | ; FEE                        | 370.00   | OR             | BASIC FEE           | 740.00   |  |
| I   | TOTAL CHARGEABLE CLAIMS                                  |  |  | 3 Ominus 20=   |              | •               | 10                | X\$      | 9=                           | 90   | OR             | X\$18=              | 180  |  |
| 11_   |  | EPENDENT CL  |  | ₩ minus 3 =    |              | <u> </u>        | 1                 | X4       | 2=                           | 42   | OR             | X84=                |  |  |
|   | MUI  | LTIPLE DEPEN   | DENT CLAIM PR                              |                |              |                 | +14               | 0=       |                              | OR   | +280=          |                     |  |  |
| Į,  | * If the difference in column 1 is less than zero, enter |  |  |                |              | r "0" in c      | xolumn 2          | TO       | [AL                          | 502  | OR             | TOTAL               |  |  |
|   | CLAIMS AS AMENDED - PART II                              |  |  |                |              |                 |                   |          |                              |  | • '            | OTHER               | THAN   |  |
|   | (Column 1) (Column 2) (Column 3                          |  |  |                |              |                 |                   | SM       | ALL I                        | ENTITY   | OR             | SMALL               |  |  |
| I   | A  |  | CLAIMS<br>REMAINING                        |                | HIGH         | HEST<br>HBER    | PRESENT           |          |                              | ADDI-  |                | 2                   | ADDI-  |  |
|   |  |  | AFTER                                      |                | PREVI        | OUSLY           | EXTRA             | RA       | TE                           | TIONAL   |                | RATE                | TIONAL   |  |
|   | ENDIMENT   | Total  | · 3Z                                       | Minus          | # 3          | 3 U             | - 2               | X\$      | 9=                           | 630  | OR             | X\$18=              | 100  |  |
|   | AMEN   | Independent  | . 7  | Minus          | ***          | U               | =0                | X4       | 2=                           | <u> </u>   | OR             | X84=                |  |  |
|   | ₹  | FIRST PRESE  | NTATION OF MI                              | ULTIPLE DEF    | PENDEN       | TCLAIM          |                   | ]        |                              |  | 1              | .000                |  |  |
| ľ   |  |  |  |                |              |                 |                   | +14      |                              |  | OR             | +280=<br>TOTAL      |  |  |
|   |  |  |  | ,              |              |                 |                   | ADDIT    | OTAL<br>FEE                  |  | OR             | ADDIT. FEE          | الهما  |  |
|   |  |  |  |                |              |                 |                   |          |                              |  |                |                     |  |  |
|   | 8  |  | CLAIMS<br>REMAINING                        |                | NUA          | HEST<br>MBER    | PRESENT           |          |                              | ADDI-  |                | RATE                | ADDI-<br>TIONAL                                  |  |
|   |  |  | AFTER<br>AMENDMENT                         |                | PREV         | OUSLY           | EXTRA             | PA       | E                            | TIONAL<br>FEE                                    |                | TAIL                | FEE  |  |
|   | MENDMENT   | Total  | * ************************************     | Minus          | **           |                 | 3                 | XS       | 9=                           |  | OR             | X\$18=              |  |  |
|   | E E  | Independent  | *  | Minus          | ***          |                 | =                 | X4       | 2=                           |  | ОЯ             | X84=                | ·  |  |
|   | ٧  | FIRST PRESE  | NTATION OF M                               | ULTIPLE DEF    | PENDEN       | T CLAIM         |                   | J  -     | <u>_</u>                     | <del>                                     </del> | 1              | .000                |  |  |
| ľ   |  |  | _  |                |              |                 |                   | +14      | -                            | <u> </u>   | OR             | +280=               | <u> </u>   |  |
|   |  |  |  |                |              |                 |                   | ADDIT    | OTAL<br>FEE                  |  | OR             | ADDIT. FEE          |  |  |
|   |  |  | (Column 1)                                 |                |              | JMN 2)          | (Column 3)        |          |                              |  |                |                     |  |  |
|   | ပ  |  | CLAIMS<br>REMAINING                        |                |              | HEST<br>MBER    | PRESENT           |          |                              | ADDI-  | 1              |                     | ADDI-  |  |
|   | ENT  |  | AFTER AMENDMENT                            |                | PREV         | HOUSLY<br>D FOR | EXTRA             | RA       | TE                           | TIONAL<br>FEE                                    | ]              | RATE                | TIONAL<br>FEE                                    |  |
|   | -  | Total  | •  | Minus          | **           |                 |                   | XS       | 9=                           |  | OR             | X\$18=              |  |  |
|   | AMENDA   | Independent  | •  | Minus          | ***          |                 | z.                | X4       | 2=                           |  | OR             | X84=                | Γ  |  |
|   | 4  | FIRST PRESE  | ENTATION OF M                              | IULTIPLE DE    | PENDEN       | IT CLAIM        | A 🗆               | ┚┝       |                              | <del>                                     </del> | ¹ <sup>™</sup> | <b> </b>            | <del>                                     </del> |  |
| ľ   |  |  | <del></del>                                |                | _            |                 | alian : =         | <u> </u> | 10=                          |  | OR             | +280=               |  |  |
| ı   | -  | If the "Hintest No   | umn 1 is less than I<br>umber Previously F | Paid For IN TH | IS SPACE     | is less th      | ian 20, enter 720 | דוממא ". | OTAL<br>FEE                  |  | OR             | TOTAL<br>ADDIT. FEE |  |  |
|   | -  | If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 and the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number Previously Paid For" (Total or Independent) is the highest number Previously Paid For" (Total or Independent) is the highest number Previously Paid For "Total or Independent". |  |                |              |                 |                   |          |                              |  | ox In co       |                     |  |  |
|   |  | e i iigireai itti  |  | ( (            |              |                 | •                 |          | •                            | •  |                |                     |  |  |

FORM PTO-875 (Rev. 8/01)